



MEMBERSHIP APPLICATION

Member's Name: _____

Title: _____

Date of Birth (MM/DD): _____

Business Name: _____

Address: _____

City, State, Zip: _____

Business Telephone: _____

Email Address: _____

Web Address: _____

Business Fax: _____

Description of business: _____

I would be interested in the following seminars:

- | | |
|---|---|
| <input type="checkbox"/> General Business Education | <input type="checkbox"/> How to Write a Business Plan |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Investment Education |
| <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Mentorship Opportunities |
| <input type="checkbox"/> Women's Successes | <input type="checkbox"/> Continuing Education Opportunities |
| <input type="checkbox"/> Other | |

I would be interested in presenting in the following area(s): _____

“The Mission of Bloomington Area Women in Business strives to empower, embrace and equip women with the knowledge and resources to achieve their personal goals and reach their professional potential.”

Annual Membership Dues \$75.00

Make Checks Payable to "Bloomington Area Women in Business"
Send to: 108 W. Lake St. Bloomington, IL 60108 phone (630) 980-9082 fax (630) 980-9092